

October 30, 2019

West Virginia Department of Environmental Protection
Division of Air Quality
601 57th Street, SE
Charleston, WV 25304-2345
Via email: DEPAirQualityReports@wv.gov

Re: NSPS 0000a Initial Compliance Report
August 26, 2018 through August 2, 2019
Rover Pipeline, LLC – Majorsville Compressor Station

To Whom It May Concern:

Rover Pipeline, LLC is submitting this letter to meet the initial annual reporting requirement of New Source Performance Standard 40 CFR 60, Subpart 0000a (NSPS 0000a) for affected facilities owned/operated at the Majorsville Compressor Station (Majorsville Station). The Majorsville Station is currently authorized via Permit No. R13-3238A and is located in Marshall County, West Virginia.

As specified in 40 CFR 60.5410a, the initial compliance period for a NSPS 0000a affected facility begins on August 2, 2016 or upon initial startup (whichever is later). The initial startup of the affected facilities at Majorsville Station occurred on August 26, 2018, which established the beginning of the reporting period. Similarly, the initial compliance period ends 1 year after the initial startup date of the affected facility or no later than 1 year after August 2. To align this report with other NSPS 0000a reports, Rover Pipeline has set the initial compliance period for the “collection of fugitive emissions components at a compressor station” affected facility at Majorsville Station as beginning on August 26, 2018 and ending on August 2, 2019.

This initial report contained in the following sections covers the compliance period from August 26, 2019 and ending on August 2, 2019:

I. GENERAL INFORMATION (§60.5420a(b)(1))

(1) The company name and address of the affected facility.

Mailing Address: 1734 Old Route 66, Delmont, PA 15626
Facility Name: Majorsville Compressor Station
Facility Location: 1769 Golden Ridge Rd. Dallas, WV 26036
Latitude: 39.963027°
Longitude: -80.554114°

(2) An identification of each affected facility being included in the annual report.

This report includes the following NSPS 0000a affected facilities:

- One reciprocating compressor engine (CE-3E, Engine 203)¹

¹ The station also operates two additional compressor engines that are not NSPS 0000a affected facilities (CE-1E & CE-2E). The station is in the natural gas transmission sector and reciprocating compressors in the transmission sector are not affected

- Collection of fugitive emissions components at a compressor station

(3) Beginning and ending dates of the reporting period.

This report covers the compliance period from August 26, 2018 through August 2, 2019.

(4) Certification by a responsible official of truth, accuracy, and completeness.

Certification statement included at closing of this letter.

II. Collection of fugitive emissions components at a compressor station (§60.5420a(b)(7))

There are two deviations of the fugitive emissions components monitoring requirements.

1. The initial OGI monitoring was not conducted within 60 days of startup. Startup date was August 26, 2018 and initial OGI survey was conducted on December 17, 2018.
2. Leak identified during OGI monitoring on June 3, 2019 was not repaired within the required 30-day timeframe. The repair was completed on July 31, 2019 and confirmation of repair by OGI survey was completed on August 19, 2019.

See attached table and records of LDAR monitoring.

III. PNEUMATIC CONTROLLERS (§60.5420a(b)(5))

(1) An identification of each pneumatic controller constructed, modified or reconstructed during the reporting period, including the identification information specified in §60.5390a(b)(2) or (c)(2).

Not Applicable - ETC Northeast Pipeline did not install or operate any gas-actuated continuous bleed pneumatic controller affected facilities during the reporting period of August 26, 2018 through August 2, 2019.

(2) If applicable documentation that the use of pneumatic controller affected facilities with a natural gas bleed greater than 6 standard cubic feet per hour are required and the reasons why.

Not Applicable - During the reporting period, ETC Northeast Pipeline did not commence construction of any gas-actuated continuous bleed pneumatic controllers utilizing the functional need exemption of 40 CFR §60.5390a(a).

(3) Records of deviations that occurred during the reporting period.

There are no deviations of the pneumatic controller provisions of NSPS 0000a that occurred during the reporting period.

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Should you have any questions or require additional information, please contact Alyssa Najewicz at (412) 522-2846.

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*Certification - Based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.*

Sincerely,

*Stephen Schuman*

Stephen D. Schuman  
VP Operations - East Division

ATTACHMENTS

cc: US EPA Region III, Air Protection Division  
Office of Air Enforcement & Compliance - NSPS  
1650 Arch Street (3AP00), Philadelphia, PA 19103  
UPS Tracking Number: 1Z865F5F0198762531

**List of Affected Facilities  
§60.5420a(b)**

| Facility Name                  | Legal Entity       | Latitude  | Longitude  | State         | County   | Municipality | Region | Affected Facilities      |                      |                                      |               |                                                       |                                                                    |   |
|--------------------------------|--------------------|-----------|------------|---------------|----------|--------------|--------|--------------------------|----------------------|--------------------------------------|---------------|-------------------------------------------------------|--------------------------------------------------------------------|---|
|                                |                    |           |            |               |          |              |        | Reciprocating Compressor | Pneumatic Controller | Pneumatic Pump at a Processing Plant | Storage Tanks | Group of Equipment within a Process Unit <sup>1</sup> | Collection of Fugitive Emission Components at a Compressor Station |   |
| Majorsville Compressor Station | Rover Pipeline LLC | 39.962852 | -80.554915 | West Virginia | Marshall | Dallas       | WVDEP  | X                        | ..                   | ..                                   | ..            | ..                                                    | ..                                                                 | X |

Notes:  
1. Onshore natural gas processing plants submit semiannual reports in accordance with 40 CFR 60.5422a and §60.487a.

## Collection of Fugitive Emissions Components at a Compressor Station

§60.542-0a(b)(7)

| Facility Name                  | Legal Entity   | Date (b)(7)(d) | Beginning Time (b)(7)(d) | End Time (b)(7)(d) | Name of OGI Operator (b)(7)(u) | Training and Experience of OGI Operator (b)(7)(u)                                                                                                                      | Ambient Temperature, Sky Conditions and Maximum Wind Speed (b)(7)(v) | Monitoring Instrument (b)(7)(s) | Deviations (or Statements of No Deviations) (b)(7)(v) | Number and Type of Components for Which Emissions Were Detected (b)(7)(vii)      | Number and Type of Components Repaired as Required (b)(7)(vii)                                                              | Number and Type of UTM Components Monitored (b)(7)(ix) | Date of Successful Leak Repairs (b)(7)(s)                                                  | Number and Type of Components Placed on DOR (b)(7)(ix) | Explanation for DOR (b)(7)(s) | Type of Instrument Used to Resurvey a Repaired Component (not during the initial finding) | Comments                                                                       |
|--------------------------------|----------------|----------------|--------------------------|--------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Majorsville Compressor Station | Boyer Pipeline | 3/12/2019      | 1:45 PM                  | 2:55 PM            | John Ecker                     | ITC Certified OGI Thermographer. More than five (5) years of midstream surveying experience.                                                                           | 60F Partly Sunny, 3.3 mph                                            | FLIR Gfx320 Serial No. 74900528 | No Deviations                                         | Leak #1: Horizontal Inlet Separator Flange<br>Leak #2: Unit 1, fuel line threads | Leak #1 & #2 were repaired and verified within 30 days.<br>Leak #1: Replaced the O-Ring<br>Leak #2: Re-tapped and tightened | Not Applicable                                         | Leak #1 repaired and verified on 3/22/2019<br>Leak #2 repaired and verified on 3/13/2019   | None                                                   | Not applicable                | Method 21<br>Section 8.3.3.1,<br>Soap Test                                                |                                                                                |
| Majorsville Compressor Station | Boyer Pipeline | 6/3/2019       | 1:15 PM                  | 2:15 PM            | John Ecker                     | ITC Certified OGI Thermographer. More than five (5) years of midstream surveying experience.                                                                           | 64F, Clear, 7.2 mph                                                  | FLIR Gfx320 Serial No. 74900528 | See Comments                                          | Leak #1: In-bound piping, Large flange                                           | Leak #1: Repaired after 30 days. Verification of repair was timely.<br>Replaced O-Ring and tightened Flange                 | Not Applicable                                         | Leak was repaired and verified on 7/31/2019                                                | None - repair was late not DOR                         | Not applicable                | FLIR Gfx320 Serial No. 74900528                                                           | Late repair - Miscommunication between Operators and was not repaired on time. |
| Majorsville Compressor Station | Boyer Pipeline | 12/10/2018     | 12:15 PM                 | 1:30 PM            | Allie Iuarez                   | Trained by an ITC Certified Thermographer. Less than five (5) years of production midstream surveying experience (including over 60 natural gas facility inspections). | 26F, Overcast, 1.2 mph                                               | FLIR Gfx320 Serial No. 44401371 | No Deviations                                         | Leak #1: Seal/gasket on door<br>Leak #2: Flange: From top section gasket         | Leak #1 & #2 were repaired and verified within 30 days.<br>Leak #2: Gasket was replaced and door was re-greased.            | Not Applicable                                         | Leak #1 repaired and verified on 12/17/2018<br>Leak #2 repaired and verified on 12/11/2018 | None                                                   | Not applicable                | Method 21<br>Section 8.3.3.1,<br>Soap Test                                                |                                                                                |

Facilities: Fontaine 1 No components are currently designated as DTM or UTM.

Majorsville Compressor Station  
Majorsville Compressor Station

A daily verification check was conducted including a measurement of the maximum viewing distance as specified in the monitoring plan. The maximum viewing distance was not documented on the survey record; however, this is not a required record of NSPS 0000a (Monitoring Plan language will be updated).



## ATTACHMENT - LDAR SURVEY RECORDS

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NSPS 0000a – Fugitive Emissions Monitoring Survey: Field Sheet

|                                                                      |                                                                                                                                                                      |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Company Legal Entity Name:</b>                                    | Rover Pipeline, LLC                                                                                                                                                  |
| <b>Facility Name:</b>                                                | Majorsville Compressor Station                                                                                                                                       |
| <b>Name and Company of Surveyor:</b>                                 | Allie Juarez (Trinity Consultants)                                                                                                                                   |
| <b>Training and Experience of Surveyor:</b><br>(attach if necessary) | Trained by an ITC Certified Thermographer. Less than one (1) year of production/midstream surveying experience (including over 60 natural gas facility inspections). |

|                                                                                    |                                                                                  |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>Daily Verification Check Completed:</b><br>(beginning of day, prior to surveys) | <input checked="" type="radio"/> Yes <input type="radio"/> No                    |
| <b>Overall Survey Picture Taken with Camera:</b> (needs date & lat/long)           | <input checked="" type="radio"/> Yes <input type="radio"/> No<br>File Name: 4815 |
| <b>Maximum Wind Speed:</b><br>(miles per hour)                                     | 3.2                                                                              |
| <b>Ambient Temperature:</b><br>(deg F)                                             | 26.3                                                                             |
| <b>Measured Maximum Viewing Distance for Familiarization:</b>                      | <input checked="" type="radio"/> Yes <input type="radio"/> No                    |
| <b>Facility Status:</b><br>(e.g., operating, partially shut down, etc.)            | Operating                                                                        |
| <b>Sky Conditions:</b>                                                             | Clear<br>Partly Cloudy<br><input checked="" type="radio"/> Overcast              |

|                                        |            |
|----------------------------------------|------------|
| <b>Date of Survey:</b><br>(MM/DD/YYYY) | 12/10/2018 |
|----------------------------------------|------------|

|                                        |          |
|----------------------------------------|----------|
| <b>Survey Start Time:</b><br>(am / pm) | 12:15 pm |
|----------------------------------------|----------|

|                                      |         |
|--------------------------------------|---------|
| <b>Survey End Time:</b><br>(am / pm) | 1:30 pm |
|--------------------------------------|---------|

NSPS 0000a – Fugitive Emissions Monitoring Survey: Field Sheet

| OGI Equipment Information: |      |                |          |
|----------------------------|------|----------------|----------|
| Manufacturer:              | FLIR | Model Number:  | GF320    |
|                            |      | Serial Number: | 44401371 |

|                                    |                                      |                                     |
|------------------------------------|--------------------------------------|-------------------------------------|
| All Components Surveyed:           | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| Deviation(s) from Monitoring Plan: | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |

|                  |     |
|------------------|-----|
| If no, explain:  | n/a |
| If yes, explain: | n/a |

|           |  |
|-----------|--|
| Comments: |  |
|-----------|--|

|                   |                              |      |
|-------------------|------------------------------|------|
| Additional Notes: | DTM components surveyed:     | n/a  |
|                   | UTM components surveyed:     | n/a  |
|                   | Components currently on DOR: | none |

NSPS 0000a – Fugitive Emissions Monitoring Survey: Field Sheet

|                                                                                                                                                                                                                                             |                                                               |                                                                                     |                                                                         |                                                             |                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------|
| Unit/Source:                                                                                                                                                                                                                                | Discharge filter separator                                    | Component Type (circle):                                                            | Valve / Flange Connector / OEL Pump Seal / Other                        | Description of Location:                                    | Seal/gasket on door                                                     |
| Repair Attempted During Initial Survey?                                                                                                                                                                                                     | YES <input checked="" type="radio"/> NO <input type="radio"/> | Repair Verified During Initial Survey? (must affix identifier to component if 'NO') | YES / NO / NA <input checked="" type="radio"/> NA <input type="radio"/> | Resurvey Confirmed Successful Repair During Initial Survey? | YES / NO / NA <input checked="" type="radio"/> NA <input type="radio"/> |
| Repair Method Description:                                                                                                                                                                                                                  | Gasket was replaced and door was re-greased.                  |                                                                                     |                                                                         |                                                             |                                                                         |
| Date Repaired (if after initial survey):                                                                                                                                                                                                    | 12/17/2018                                                    | Resurvey Confirmed (if after initial survey):                                       | YES / NO / NA <input checked="" type="radio"/> NA <input type="radio"/> | Method for confirming repair/resurvey:                      | OGI / Soap Test <input checked="" type="radio"/>                        |
| Repair Method Description:                                                                                                                                                                                                                  | Gasket was replaced and door was re-greased.                  |                                                                                     |                                                                         |                                                             |                                                                         |
| <p><i>If not repaired within 30 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation</i></p> <p><i>Explanation if not repaired:</i></p> |                                                               |                                                                                     |                                                                         |                                                             |                                                                         |
| Comments:                                                                                                                                                                                                                                   | <b>Majorsville #1</b>                                         |                                                                                     |                                                                         |                                                             |                                                                         |
| Unit/Source:                                                                                                                                                                                                                                | Inlet filter separator                                        | Component Type (circle):                                                            | Leak Image File Name: Valve Flange Connector / OEL Pump Seal / Other    | Description of Location:                                    | From top section gasket                                                 |
| Repair Attempted During Initial Survey?                                                                                                                                                                                                     | YES <input checked="" type="radio"/> NO <input type="radio"/> | Repair Verified During Initial Survey? (must affix identifier to component if 'NO') | YES / NO / NA <input checked="" type="radio"/> NA <input type="radio"/> | Resurvey Confirmed Successful Repair During Initial Survey? | YES / NO / NA <input checked="" type="radio"/> NA <input type="radio"/> |
| Repair Method Description:                                                                                                                                                                                                                  | Gasket was replaced and door was re-greased.                  |                                                                                     |                                                                         |                                                             |                                                                         |
| Date Repaired (if after initial survey):                                                                                                                                                                                                    | 12/11/2018                                                    | Resurvey Confirmed (if after initial survey):                                       | YES / NO / NA <input type="radio"/> NA <input type="radio"/>            | Method for confirming repair/resurvey:                      | OGI / Soap Test                                                         |
| Repair Method Description:                                                                                                                                                                                                                  | Gasket was replaced and door was re-greased.                  |                                                                                     |                                                                         |                                                             |                                                                         |
| <p><i>If not repaired within 30 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation</i></p> <p><i>Explanation if not repaired:</i></p> |                                                               |                                                                                     |                                                                         |                                                             |                                                                         |
| Comments:                                                                                                                                                                                                                                   | <b>Majorsville #2</b>                                         |                                                                                     |                                                                         |                                                             |                                                                         |
| Unit/Source:                                                                                                                                                                                                                                | Discharge filter separator                                    | Component Type (circle):                                                            | Leak Image File Name: Valve Flange Connector / OEL Pump Seal / Other    | Description of Location:                                    | From top section gasket                                                 |
| Repair Attempted During Initial Survey?                                                                                                                                                                                                     | YES <input checked="" type="radio"/> NO <input type="radio"/> | Repair Verified During Initial Survey? (must affix identifier to component if 'NO') | YES / NO / NA <input checked="" type="radio"/> NA <input type="radio"/> | Resurvey Confirmed Successful Repair During Initial Survey? | YES / NO / NA <input checked="" type="radio"/> NA <input type="radio"/> |
| Repair Method Description:                                                                                                                                                                                                                  | Gasket was replaced and door was re-greased.                  |                                                                                     |                                                                         |                                                             |                                                                         |
| Date Repaired (if after initial survey):                                                                                                                                                                                                    | 12/11/2018                                                    | Resurvey Confirmed (if after initial survey):                                       | YES / NO / NA <input type="radio"/> NA <input type="radio"/>            | Method for confirming repair/resurvey:                      | OGI / Soap Test                                                         |
| Repair Method Description:                                                                                                                                                                                                                  | Gasket was replaced and door was re-greased.                  |                                                                                     |                                                                         |                                                             |                                                                         |
| <p><i>If not repaired within 30 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation</i></p> <p><i>Explanation if not repaired:</i></p> |                                                               |                                                                                     |                                                                         |                                                             |                                                                         |
| Comments:                                                                                                                                                                                                                                   | <b>Majorsville #2</b>                                         |                                                                                     |                                                                         |                                                             |                                                                         |

Fugitive Emissions Monitoring Survey:

|                                      |  |                                                                                              |                                                                          |                                                                     |
|--------------------------------------|--|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------|
| Company Legal Entity:                |  | Rover Pipeline LLC                                                                           | Daily Verification Check Completed: (beginning of day, prior to surveys) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Facility Name:                       |  | Majorsville Compressor Station                                                               | Overall Survey Picture Taken with Camera:                                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Name and Company of Surveyor:        |  | John Ecker                                                                                   | Average Wind Speed: (miles per hour)                                     | 3.3 mph                                                             |
| Training and Experience of Surveyor: |  | ITC Certified OGI Thermographer. More than five (5) years of midstream surveying experience. | Ambient Temperature: (deg F)                                             | 40°F                                                                |
|                                      |  |                                                                                              | Measured Maximum Viewing Distance for Familiarization:                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|                                      |  |                                                                                              | Facility Status: (e.g., operating, partially shut down, etc.)            | Operating Normal                                                    |
|                                      |  |                                                                                              | Sky Conditions:                                                          | Partly Sunny                                                        |

|                              |           |                              |           |                            |           |
|------------------------------|-----------|------------------------------|-----------|----------------------------|-----------|
| Date of Survey: (MM/DD/YYYY) | 3/12/2019 | Survey Start Time: (am / pm) | 1:45 p.m. | Survey End Time: (am / pm) | 2:55 p.m. |
|------------------------------|-----------|------------------------------|-----------|----------------------------|-----------|

|                            |      |                |          |
|----------------------------|------|----------------|----------|
| OGI Equipment Information: |      |                |          |
| Manufacturer:              | FLIR | Model Number:  | GFX320   |
|                            |      | Serial Number: | 74900528 |

|                                    |                                                                     |                  |
|------------------------------------|---------------------------------------------------------------------|------------------|
| Observation Path Followed:         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | If no, explain:  |
| Deviation(s) from Monitoring Plan: | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If yes, explain: |

|                   |
|-------------------|
| Additional Notes: |
|-------------------|

**Fugitive Emissions Monitoring Survey:**

|                                                                                                                                                                                                                                                                        |                              |                                        |                                               |                                         |                             |                                                             |                              |                             |     |                              |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------------|-----------------------------------------|-----------------------------|-------------------------------------------------------------|------------------------------|-----------------------------|-----|------------------------------|-----------------------------|
| Unit Source, Location, Component type:                                                                                                                                                                                                                                 |                              | Horizontal Intel Separator Flange      |                                               |                                         |                             |                                                             |                              |                             |     |                              |                             |
| Repair Attempted During Initial Survey?                                                                                                                                                                                                                                | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Repair Verified During Initial Survey?        | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | Resurvey Confirmed Successful Repair During Initial Survey? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | OGI | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Date Repaired: (if after initial survey)                                                                                                                                                                                                                               | 3/22/2019                    |                                        | Resurvey Confirmed: (if after initial survey) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Method for confirming repair/resurvey:                      |                              |                             |     |                              |                             |
| Leak Information:                                                                                                                                                                                                                                                      | Replaced the O-Ring          |                                        |                                               |                                         |                             |                                                             |                              |                             |     |                              |                             |
| <p><i>If not repaired within 15 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation (Environmental Approval REQUIRED; Must fill out Delay of Repair Form)</i></p> |                              |                                        |                                               |                                         |                             |                                                             |                              |                             |     |                              |                             |
| Explanation if not repaired:                                                                                                                                                                                                                                           |                              |                                        |                                               |                                         |                             |                                                             |                              |                             |     |                              |                             |
| Additional Comments:                                                                                                                                                                                                                                                   |                              |                                        |                                               |                                         |                             |                                                             |                              |                             |     |                              |                             |
| Unit Source, Location, Component type:                                                                                                                                                                                                                                 |                              | Unit 1, fuel line threads              |                                               |                                         |                             |                                                             |                              |                             |     |                              |                             |
| Repair Attempted During Initial Survey?                                                                                                                                                                                                                                | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Repair Verified During Initial Survey?        | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | Resurvey Confirmed Successful Repair During Initial Survey? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | OGI | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Date Repaired: (if after initial survey)                                                                                                                                                                                                                               | 3/13/2019                    |                                        | Resurvey Confirmed: (if after initial survey) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Method for confirming repair/resurvey:                      |                              |                             |     |                              |                             |
| Leak Information:                                                                                                                                                                                                                                                      | Re-taped and tightened       |                                        |                                               |                                         |                             |                                                             |                              |                             |     |                              |                             |
| <p><i>If not repaired within 15 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation (Environmental Approval REQUIRED; Must fill out Delay of Repair Form)</i></p> |                              |                                        |                                               |                                         |                             |                                                             |                              |                             |     |                              |                             |
| Explanation if not repaired:                                                                                                                                                                                                                                           |                              |                                        |                                               |                                         |                             |                                                             |                              |                             |     |                              |                             |
| Additional Comments:                                                                                                                                                                                                                                                   |                              |                                        |                                               |                                         |                             |                                                             |                              |                             |     |                              |                             |

Fugitive Emissions Monitoring Survey: NSPS - 0000a

PA GP-5

Other

|                                                                             |                                                                                              |                                                        |                                                                     |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------|
| Daily Verification Check Completed:<br>(beginning of day, prior to surveys) |                                                                                              | Yes <input checked="" type="checkbox"/>                | No <input type="checkbox"/>                                         |
| Overall Survey Picture Taken with Camera:                                   |                                                                                              | Yes <input checked="" type="checkbox"/>                | No <input type="checkbox"/>                                         |
| Company Legal Entity:                                                       | ROVER PIPELINE LLC                                                                           |                                                        |                                                                     |
| Facility Name:                                                              | Majorsville Compressor Station                                                               | Average Wind Speed: (miles per hour)                   | 7.2                                                                 |
| Name and Company of Surveyor:                                               | John Ecker                                                                                   | Ambient Temperature: (deg F)                           | 64                                                                  |
| Training and Experience of Surveyor:                                        | ITC Certified OGI Thermographer. More than five (5) years of midstream surveying experience. | Measured Maximum Viewing Distance for Familiarization: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Facility Status: (e.g., operating, partially shut down, etc.)               |                                                                                              | Operating                                              |                                                                     |
| Sky Conditions:                                                             |                                                                                              | Sunny, Clear                                           |                                                                     |

|                              |          |                    |                                                                        |      |                  |                                                                        |      |
|------------------------------|----------|--------------------|------------------------------------------------------------------------|------|------------------|------------------------------------------------------------------------|------|
| Date of Survey: (MM/DD/YYYY) | 6/3/2019 | Survey Start Time: | A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/> | 1:15 | Survey End Time: | A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/> | 2:15 |
|------------------------------|----------|--------------------|------------------------------------------------------------------------|------|------------------|------------------------------------------------------------------------|------|

|                            |      |                |          |
|----------------------------|------|----------------|----------|
| OGI Equipment Information: |      |                |          |
| Manufacturer:              | FLIR | Model Number:  | GFX320   |
|                            |      | Serial Number: | 74900528 |

|                                    |                                                                     |                  |
|------------------------------------|---------------------------------------------------------------------|------------------|
| Observation Path Followed:         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | If no, explain:  |
| Deviation(s) from Monitoring Plan: | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If yes, explain: |

|                   |
|-------------------|
| Additional Notes: |
|-------------------|

**Fugitive Emissions Monitoring Survey:**

|                                          |                                                                                                                                                                                                                                                          |                                        |                                               |                                         |                             |                                                             |                              |                             |                                                             |                              |                             |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------|-----------------------------------------|-----------------------------|-------------------------------------------------------------|------------------------------|-----------------------------|-------------------------------------------------------------|------------------------------|-----------------------------|
| Unit Source, Location, Component type:   |                                                                                                                                                                                                                                                          | In bound piping, Large flange          |                                               |                                         |                             |                                                             |                              |                             |                                                             |                              |                             |
| Repair Attempted During Initial Survey?  | Yes <input type="checkbox"/>                                                                                                                                                                                                                             | No <input checked="" type="checkbox"/> | Repair Verified During Initial Survey?        | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | Resurvey Confirmed Successful Repair During Initial Survey? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Resurvey Confirmed Successful Repair During Initial Survey? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Date Repaired: (if after initial survey) | 07/31/2019                                                                                                                                                                                                                                               |                                        | Resurvey Confirmed: (if after initial survey) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Method for confirming repair/resurvey:                      |                              |                             |                                                             |                              |                             |
| Leak Information:                        | Replaced O-Ring and tightened Flange                                                                                                                                                                                                                     |                                        |                                               |                                         |                             |                                                             |                              |                             |                                                             |                              |                             |
| Repair Method Description:               | If not repaired within 15 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation (Environmental Approval REQUIRED; Must fill out Delay of Repair Form) |                                        |                                               |                                         |                             |                                                             |                              |                             |                                                             |                              |                             |
| Explanation if not repaired:             | Miscommunication between Operators and was not repaired on time                                                                                                                                                                                          |                                        |                                               |                                         |                             |                                                             |                              |                             |                                                             |                              |                             |
| Additional Comments:                     |                                                                                                                                                                                                                                                          |                                        |                                               |                                         |                             |                                                             |                              |                             |                                                             |                              |                             |
| Unit Source, Location, Component type:   |                                                                                                                                                                                                                                                          |                                        |                                               |                                         |                             |                                                             |                              |                             |                                                             |                              |                             |
| Repair Attempted During Initial Survey?  | Yes <input type="checkbox"/>                                                                                                                                                                                                                             | No <input type="checkbox"/>            | Repair Verified During Initial Survey?        | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | Resurvey Confirmed Successful Repair During Initial Survey? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Resurvey Confirmed Successful Repair During Initial Survey? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Date Repaired: (if after initial survey) |                                                                                                                                                                                                                                                          |                                        | Resurvey Confirmed: (if after initial survey) | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | Method for confirming repair/resurvey:                      |                              |                             |                                                             |                              |                             |
| Leak Information:                        |                                                                                                                                                                                                                                                          |                                        |                                               |                                         |                             |                                                             |                              |                             |                                                             |                              |                             |
| Repair Method Description:               | If not repaired within 15 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation (Environmental Approval REQUIRED; Must fill out Delay of Repair Form) |                                        |                                               |                                         |                             |                                                             |                              |                             |                                                             |                              |                             |
| Explanation if not repaired:             |                                                                                                                                                                                                                                                          |                                        |                                               |                                         |                             |                                                             |                              |                             |                                                             |                              |                             |
| Additional Comments:                     |                                                                                                                                                                                                                                                          |                                        |                                               |                                         |                             |                                                             |                              |                             |                                                             |                              |                             |

**Fugitive Emissions Monitoring Survey:**

|                                                                                                                                                                                                                                                          |                              |                             |                                               |                              |                             |                                           |                              |                             |                                                             |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------------|------------------------------|-----------------------------|-------------------------------------------|------------------------------|-----------------------------|-------------------------------------------------------------|------------------------------|-----------------------------|
| Unit Source, Location, Component type:                                                                                                                                                                                                                   |                              |                             |                                               |                              |                             |                                           |                              |                             |                                                             |                              |                             |
| Repair Attempted During Initial Survey?                                                                                                                                                                                                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Repair Verified During Initial Survey?        | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Resurvey Confirmed During Initial Survey? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Resurvey Confirmed Successful Repair During Initial Survey? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Date Repaired: (if after initial survey)                                                                                                                                                                                                                 |                              |                             | Resurvey Confirmed: (if after initial survey) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Method for confirming repair/resurvey:    |                              |                             |                                                             |                              |                             |
| Leak Information:                                                                                                                                                                                                                                        | Repair Method Description:   |                             |                                               |                              |                             |                                           |                              |                             |                                                             |                              |                             |
| If not repaired within 15 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation (Environmental Approval REQUIRED; Must fill out Delay of Repair Form) |                              |                             |                                               |                              |                             |                                           |                              |                             |                                                             |                              |                             |
| Explanation if not repaired:                                                                                                                                                                                                                             |                              |                             |                                               |                              |                             |                                           |                              |                             |                                                             |                              |                             |
| Additional Comments:                                                                                                                                                                                                                                     |                              |                             |                                               |                              |                             |                                           |                              |                             |                                                             |                              |                             |
| Unit Source, Location, Component type:                                                                                                                                                                                                                   |                              |                             |                                               |                              |                             |                                           |                              |                             |                                                             |                              |                             |
| Repair Attempted During Initial Survey?                                                                                                                                                                                                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Repair Verified During Initial Survey?        | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Resurvey Confirmed During Initial Survey? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Resurvey Confirmed Successful Repair During Initial Survey? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Date Repaired: (if after initial survey)                                                                                                                                                                                                                 |                              |                             | Resurvey Confirmed: (if after initial survey) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Method for confirming repair/resurvey:    |                              |                             |                                                             |                              |                             |
| Leak Information:                                                                                                                                                                                                                                        | Repair Method Description:   |                             |                                               |                              |                             |                                           |                              |                             |                                                             |                              |                             |
| If not repaired within 15 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation (Environmental Approval REQUIRED; Must fill out Delay of Repair Form) |                              |                             |                                               |                              |                             |                                           |                              |                             |                                                             |                              |                             |
| Explanation if not repaired:                                                                                                                                                                                                                             |                              |                             |                                               |                              |                             |                                           |                              |                             |                                                             |                              |                             |
| Additional Comments:                                                                                                                                                                                                                                     |                              |                             |                                               |                              |                             |                                           |                              |                             |                                                             |                              |                             |

**Fugitive Emissions Monitoring Survey:**

|                                          |  |                                                                                                                                                                                                                                                                                                            |  |                                                          |  |                                                          |  |                                                             |  |                              |  |                                    |  |
|------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|----------------------------------------------------------|--|-------------------------------------------------------------|--|------------------------------|--|------------------------------------|--|
| Unit Source, Location, Component type:   |  | Repair Attempted During Initial Survey?                                                                                                                                                                                                                                                                    |  | Repair Verified During Initial Survey?                   |  | Resurvey Confirmed (if after initial survey)             |  | Resurvey Confirmed Successful Repair During Initial Survey? |  | Yes                          |  | No                                 |  |
|                                          |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                   |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  | Yes <input type="checkbox"/> No <input type="checkbox"/>    |  | OGI <input type="checkbox"/> |  | Soap Test <input type="checkbox"/> |  |
| Date Repaired: (if after initial survey) |  |                                                                                                                                                                                                                                                                                                            |  | Resurvey Confirmed: (if after initial survey)            |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  | Method for confirming repair/resurvey:                      |  |                              |  |                                    |  |
| Repair Method Description:               |  | Leak Information:                                                                                                                                                                                                                                                                                          |  |                                                          |  |                                                          |  |                                                             |  |                              |  |                                    |  |
|                                          |  | <p><i>If not repaired within 15 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation (Environmental Approval REQUIRED); Must fill out Delay of Repair Form</i></p> <p>Explanation if not repaired:</p> |  |                                                          |  |                                                          |  |                                                             |  |                              |  |                                    |  |
| Additional Comments:                     |  |                                                                                                                                                                                                                                                                                                            |  |                                                          |  |                                                          |  |                                                             |  |                              |  |                                    |  |
| Unit Source, Location, Component type:   |  | Repair Attempted During Initial Survey?                                                                                                                                                                                                                                                                    |  | Repair Verified During Initial Survey?                   |  | Resurvey Confirmed (if after initial survey)             |  | Resurvey Confirmed Successful Repair During Initial Survey? |  | Yes                          |  | No                                 |  |
|                                          |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                   |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  | Yes <input type="checkbox"/> No <input type="checkbox"/>    |  | OGI <input type="checkbox"/> |  | Soap Test <input type="checkbox"/> |  |
| Date Repaired: (if after initial survey) |  |                                                                                                                                                                                                                                                                                                            |  | Resurvey Confirmed: (if after initial survey)            |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  | Method for confirming repair/resurvey:                      |  |                              |  |                                    |  |
| Repair Method Description:               |  | Leak Information:                                                                                                                                                                                                                                                                                          |  |                                                          |  |                                                          |  |                                                             |  |                              |  |                                    |  |
|                                          |  | <p><i>If not repaired within 15 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation (Environmental Approval REQUIRED); Must fill out Delay of Repair Form</i></p> <p>Explanation if not repaired:</p> |  |                                                          |  |                                                          |  |                                                             |  |                              |  |                                    |  |
| Additional Comments:                     |  |                                                                                                                                                                                                                                                                                                            |  |                                                          |  |                                                          |  |                                                             |  |                              |  |                                    |  |